

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/786440**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	cancel					
2						
3						
4						
5						
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39						
40						
41						
42						
43						
44						
45	cancel					
46						
47						
48	cancel					
49						
50	1					
TOTAL IND.	5	1				
TOTAL DEP.	8					
TOTAL CLAIMS	16					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	cancel					
52						
53						
54						
55	1					
56	1					
57						
58	cancel					
59						
60						
61	1					
62	1					
63						
64						
65	1					
66						
67	1					
68	cancel					
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97						
98						
99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS